



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☐ cash ☐ check ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCIL 7 ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): LINDA DAGGETT

Mailing Address 415 6th AVE. S. City and State GREAT FALLS, MT Zip Code 59405

Residence Address SAME City and State _____ Zip Code _____

County of Residence CASCADE Contact Phone 406-452-3520 Email Address Lndaggett@msn.com Website Address NA

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☒ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of CASCADE

Signed and sworn to before me this 15th day of June, 2021 by Linda Daggett

Printed Name of Candidate

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, MT

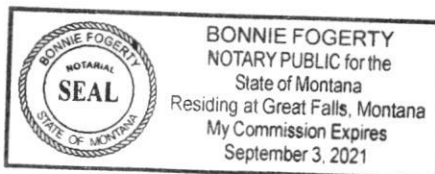
My commission expires: Sept 3, 2021

Where to file Federal, Statewide,
State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most
Local District offices:

County Election Office
A list of county election offices may be
found at: sosmt.gov/elections



[SEAL/STAMP]



Declaration for Nomination and Oath of Candidacy

JUN 15 2021

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By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of: Neighborhood Council #7 ☐ _____ ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Troy D. Lane

Mailing Address: 1200 8th Ave. N. Great Falls 59401
Street or PO Box City Zip

Residence Address: Same _____
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406 788 1975 Work Phone: _____

Email Address: lane_troy@yahoo.com Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

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Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

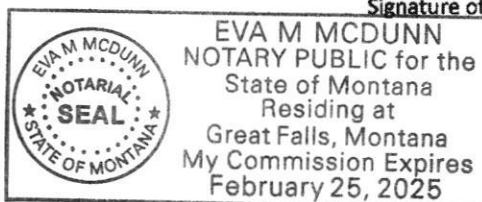
Signed and sworn to before me this 15th day of June, 2021 by Troy Daniel Lane.
Printed Name of Candidate

Where to file for Federal, Statewide,
State District and Legislative offices:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Online: sos.mt.gov
By Fax: 406-444-2023

Where to file for County, City and
most Local District offices:

County Election Office
A list of county election offices may
be found at: sos.mt.gov/elections



Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

[SEAL/STAMP]



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

Filed this 23 day of April, 2021
Document # _____
Fee paid: ☐ cash ☐ check ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #7 ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Lisa Meyers

Mailing Address: 625 3rd Ave N Apt B City and State: Great Falls, MT Zip Code: 59401

Residence Address: 625 3rd Ave N Apt B City and State: Great Falls, MT Zip Code: 59401

County of Residence: Cascade Contact Phone: 406-403-2321 Email Address: hikingglacier@gmail.com Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

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Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 23rd day of April, 2021 by Lisa Meyers

Printed Name of Candidate

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Great Falls, MT

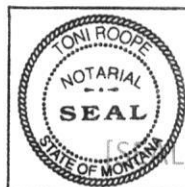
My commission expires: 1/27, 2025

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most Local District offices:

County Election Office
A list of county election offices may be found at: sosmt.gov/elections



TONI ROOPE
NOTARY PUBLIC for the
State of Montana
Residing at Great Falls,
Montana
My Commission Expires
January 27, 2025



Declaration for Nomination and Oath of Candidacy

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Fee paid: ☐ cash ☐ check _____ ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCIL 7 ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): TREVOR MIKKELSEN

Mailing Address 700 3RD AVE N City and State GREAT FALLS MT Zip Code 59401

Residence Address _____ City and State _____ Zip Code _____

County of Residence CASCADE Contact Phone 406 781 9699 Email Address TWTMIKKELSEN@HOTMAIL.COM Website Address _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

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[Signature]
Signature of Candidate

May 3, 2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade
County of 3rd day of May, 2021 by Trevor Mikkelsen
Signed and sworn to before me this _____ Printed Name of Candidate

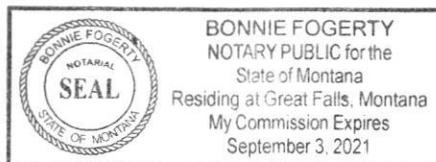
[Signature]
Signature of Notary or Public Official

Bonnie Fogerty
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, Montana

My commission expires: 5-3-2021



[SEAL/STAMP]

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

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Declaration for Nomination and Oath of Candidacy

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By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCIL #7 ☐ DEMOCRAT OR ☐ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): SANDRA RICE

Mailing Address: 909 3RD AVENUE NORTH #4 City and State: GREAT FALLS MT Zip Code: 59401

Residence Address: 909 3RD AVENUE NORTH #4 City and State: GREAT FALLS MT Zip Code: 59401

County of Residence: CASCADE Contact Phone: 908-328-1658 Email Address: SANDYLOVESBOOKS@GMAIL.COM Website Address: N/A

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
Mailing Address: _____ Residence Address: _____
Phone: _____ Email Address: _____ Website Address: _____

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Sandra Rice
Signature of Candidate

4/23/2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of CASCADE

Signed and sworn to before me this 27 day of April, 2021 by Sandra Rice
Printed Name of Candidate

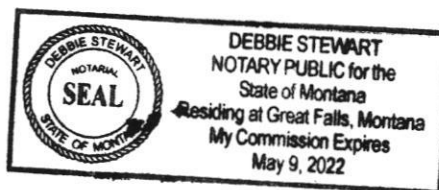
Debbie Stewart
Signature of Notary or Public Official

Debbie Stewart
Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____



[SEAL/STAMP]

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State Capitol Building, 1301 E. 6th Ave
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Helena, MT 59620
Online: sosmt.gov/elections/filing/
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